

CMHSP AND SUBSTANCE ABUSE INTEGRATION STATUS REPORT

(FY2008 Appropriation Bill - Public Act 123 of 2007)

May 1, 2008

Section 470: (1) For those substance abuse coordinating agencies that have voluntarily incorporated into community mental health authorities and accepted funding from the department for administrative costs incurred pursuant to section 468 of this act, the department shall establish written expectations for those CMHSPs, PIHPs, and substance abuse coordinating agencies and counties with respect to the integration of mental health and substance abuse services. At a minimum, the written expectations shall provide for the integration of those services as follows: (a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements. (b) Consolidation of points of 24-hour access for mental health and substance abuse services in every community. (c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities. (2) By May 1, 2008, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the impact and effectiveness of this section and the status of the integration of mental health and substance abuse services.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

CMHSP and Substance Abuse Integration Status Report Boilerplate Section 470(2)

SUMMARY

There have been no requests for allocation of funds for administrative costs incurred pursuant to Section 468 of the FY08 Appropriations Act. During FY08, there has been no incorporation of substance abuse coordinating agencies into community mental health authorities and none are anticipated this fiscal year. However, Cass and Calhoun Counties were merged with the Kalamazoo County Community Mental Health Services Coordinating Agency effective October 1, 2007.

BACKGROUND

Currently, there are 16 designated coordinating agencies statewide. As classified according to *level* one is city, five are county, and ten are multi-county regional. By *type*, one is a city health department, two are single county health departments, three are single county community mental health programs, five are regional community mental health programs, and five are public/private regional agencies.

There are no formally established or officially promulgated criteria for coordinating agency designation. The department's 2001 draft criteria for counties and community mental health services programs requesting coordinating agency designation, though unofficial, still provide an adequate outline of expectations, core competencies, and infrastructure capabilities that must be demonstrated or assured in order to adequately consider designation requests.

Regional affiliations must also represent local interests, needs and conditions. The department continues to work with interested and affected parties (counties, coordinating agencies, PIHPs/CMHSPs) to devise consensus proposals that achieve regional mental health-substance abuse integration and alignment of PIHP/CMHSP and coordinating agency boundaries, without increasing the number of coordinating agencies beyond the present number of such entities.